

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		1/30/99
O.I.P.E. CLASSIFIER		43	2/2/99
FORMALITY REVIEW	CH	71632	2/9/99

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Date
1	1/30/99
2	1/30/99
3	1/30/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions, staple additional sheet here

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